

**Cervical Cancer Task Force  
Regular Meeting (virtual)**

**July 30, 2020  
Minutes**

**Attending Task Force Members (9):**

Rhonda Brown, ADH; Dr. Sam Greenfield, AMDPA; Dr. Mike Riddell, AMS; Krista Kirksey, ACS; Amanda Deel, Arkansas Academy of Family Physicians; Dr. Joseph Su, UAMS COPH; Pam Brown, AHA; Kim Wilmot, DHS; Dr. Kristin Zorn, UAMS.

**Absent Task Force Members (4):**

Laura Fletcher, Community at Large; Michelle Murtha, AFMC; (Vacant), AMHC; (Vacant), Blue Cross/Blue Shield.

**Arkansas Cancer Coalition (ACC):**

Kirsty DeHan, Trena Mitchel, Wonder Lowe.

**Other Meeting Attendees:**

Misty Smith, ADH

- I. Approval of Minutes (January 23, 2020)
  - a. Dr. Su motioned to approve the minutes of January 23, Pam Brown seconded the motion. A motion to approve the minutes of January 23 were voted unanimously in favor.
  
- II. Mobile Colposcopy Proposal Update
  - a. Conversation started during the last meeting about the colposcopy proposal and extending outreach into the community with mobile colposcopy.
    - i. Feedback from proposal: Address colposcopy gap in the state, improve access to colposcopy and biopsy.
  - b. In the Cervical Cancer Task Force legislation established, it states the Arkansas Central Cancer Registry will provide an annual cervical cancer report to the group. Last April Krystin Vang gave a report but she is no longer in that same position.
  
- III. Member Updates
  - a. The CCTF consists of 12 appointed members and 1 non-voting member, a quorum represents the majority of the members (seven members).
  - b. There is still a vacant position on the task force to be filled by someone in the medical insurance industry, Dr. Greenfield asked if anyone had suggestions. Dr. Greenfield is going to reach out to a contact of his.
  - c. There is a new vacancy for the Arkansas Minority Health Commission as Daphne Gaulden is no longer there. Misty Smith will contact Sharonda Love for a replacement.

- d. Dr. Su commented that ACS had a new recommendation update on July 8 for the HPV vaccination. Dr. Su conducted a study of around 100 people aged 19-26. Almost all had heard about the HPV Vaccine, but only half had received it. Participants were recruited through Instagram as they were unsuccessful recruiting through Facebook (Instagram is used by youth more than Facebook).
- e. Pam Brown commented that the Arkansas Hospital Association has found that non COVID patients who come to the hospital sick, seem to be sicker than usual. The delay of preventative care has Pam Brown concerned about what is happening across the country and people not getting their routine exams.
- f. Dr. Greenfield asked what recommendations should be made about delays in cervical cancer screening and diagnostics. Are there concerns about its impact? Even with telehealth, the physician still needs to see the patient physically.
  - i. Dr. Zorn said it's a grave situation. Patients can get a pap smear but cannot get follow up care and are delaying appointments due to COVID 19. Its critical to get screened while cancer is treatable and not delay screening when the stage is too late to treat.
- g. How much does insurance coverage play a part? Businesses are shutting down, people are losing their job, are people covered for their screening?
  - i. BreastCare covers underinsured and uninsured Arkansans and would be a great resource. They would need to check eligibility requirements.
  - ii. Does Medicaid cover colposcopies? Yes! But there are counties with OBGYN providers who don't accept Medicaid rates.
- h. ACC will be doing radio and social media advertising to promote BreastCare as a resource for cervical cancer screenings during cervical cancer awareness month in January.
- i. Dr. Greenfield has a monthly radio spot on Power 92. Dr. Greenfield would like to use consistent messaging and emphasize the BreastCare program.
- j. Revisit social media messaging in October for awareness month in January
- k. The 2019 American Society for Colposcopy and Cervical Pathology Risk-Based Management Consensus Guidelines for the management of cervical cancer screening abnormalities recommend 1 of 6 clinical actions (treatment, optional treatment or colposcopy/biopsy, colposcopy/biopsy, 1-year surveillance, 3-year surveillance, 5-year return to regular screening) based on the risk of cervical intraepithelial neoplasia grade 3, adenocarcinoma in situ, or cancer (CIN 3+) for the many different combinations of current and recent past screening results. Read the full article here:  
[https://journals.lww.com/jlgtcd/Fulltext/2020/04000/Risk\\_Estimates\\_Supporting\\_the\\_2019\\_ASCCP.4.aspx](https://journals.lww.com/jlgtcd/Fulltext/2020/04000/Risk_Estimates_Supporting_the_2019_ASCCP.4.aspx)

Meeting adjourned at 5:10pm.

**The next meeting is October 22, 2020 at 4:30 p.m. via Zoom.**